

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000855	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/10/2016
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NAME OF PROVIDER OR SUPPLIER

BEMENT HEALTH CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

**601 NORTH MORGAN
BEMENT, IL 61813**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments	S 000		
	Annual Licensure and Certification Survey			
S9999	Final Observations	S9999		
	<p>STATEMENT OF LICENSURE VIOLATIONS:</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information</p> <p>a) For the purpose of this Section only, a nursing facility is any bed licensed as a skilled nursing or intermediate care facility bed, or a location certified to participate in the Medicare program under Title XVIII of the Social Security Act or Medicaid program under Title XIX of the Social Security Act.</p> <p>e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)</p> <p>These requirements are not met as evidenced by: Based on record review and interview the facility failed to ensure that a criminal history background check was initiated within 24 hours of admission for one resident (R20) of ten residents reviewed for new admissions on the supplemental sample. Findings include: On 3/9/16 at 9:05AM, E14 Business Office Manager provided criminal history background</p>			

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>checks for the ten most recent admissions. Upon review of the criminal history background checks, R20 was admitted on 4/9/15 and the facility requested the background check on 4/14/15. At this time, E14 confirmed that R20 was admitted on 4/9/15 and the background check was not completed until 4/14/15, five days later. E14 stated she doesn't know why the background check wasn't completed on admission. R20 is listed on the Identified Offender Report as a low risk Identified Offender. The facility's "Identified Offender Policy and Procedure" dated 2/16/12 documents, ".....Procedure: Identifying Offenders:.....3. Conduct a Criminal History Background Check: Within 24 hours of admission....." (B)</p> <p>Section 300.626 Discharge Planning for Identified Offenders</p> <p>c) When a resident who is an identified offender is discharged, the discharging facility shall notify the Department.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on interview and record review the facility failed to notify the Illinois Department of Public Health of the discharge of two resident Identified Offenders (R20, R21) of five Identified Offenders reviewed.</p> <p>Findings include:</p> <p>On 3/7/16, E14, Business Office Manager, provided the Identified Offender List for the facility. This list had three residents listed, R7, R14 and R32. "The Illinois Department of Public Health Identified Offender Report by Facility" dated 2/8/16 documents five Identified Offenders</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>in the facility, R7, R14, R20, R21 and R32.</p> <p>On 3/7/16 at 11:00AM, E14 stated R20 and R21 are no longer in the facility.</p> <p>The facility's "Identified Offender Information Form" documents R20 was admitted on 4/9/15 and discharged 10/16/15.</p> <p>The facility's "Identified Offender Information Form" documents R21 was admitted on 7/16/15 and discharged on 8/24/15.</p> <p>The facility's facsimile confirmation sheet addressed to Identified Offender Program and documents "Discharges" in the comments section is dated 3/7/16. On 3/7/16 at 2:46PM, E14 stated, "I (E14) just notified them (Illinois Department of Public Health) today. I (E14) always forget that part."</p> <p>The facility's "Identified Offender Policy and Procedure" dated 2/16/12 documents, ".....Transfer or Discharge: If a resident is discharged or expires, the facility must notify the Identified Offender Program....."</p> <p>(B)</p>	S9999			